

**Form Number 1**

STATE OF INDIANA ) IN THE WARRICK SUPERIOR COURT NO. 1  
) SS:  
COUNTY OF WARRICK ) CASE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

\_\_\_\_\_  
Petitioner,

V.

\_\_\_\_\_  
Respondent.

**APPEARANCE**

1. Petitioner Party: \_\_\_\_\_

2. Attorney Information: Self-Represented

3. Case Type : DR

4. Will **NOT** accept FAX service.

5. Names of all family members: \_\_\_\_\_

\_\_\_\_\_.  
\_\_\_\_\_

\_\_\_\_\_(#) child/ren are involved in this matter.

6. Are there related cases? Yes \_\_\_ No \_\_\_ ; Case Number(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Town, State and Zip Code

\_\_\_\_\_  
Telephone number, with area code